



Department of Community Development, P. O. Box 427, Herndon, Virginia 20172-0427

**APPLICATION FOR APPROVAL OF A SUBDIVISION PLAT, PLAT OF  
VACATION, LOT LINE ADJUSTMENT,  
OR PLAT OF EASEMENT**  
**in accordance with § 70-204 through § 70-206 of the Herndon Town Code**

Submittal of this form with **original signatures is required.** *PLEASE PRINT OR TYPE (Unless otherwise indicated.)*

Date of Approval of Preliminary Subdivision Plan  
by the Town Council (if applicable):

Zoning of Subject Property:

Project Name:

Address of the Subject Property (including  
apt/suite #):

Description of the Proposal (type of  
application/plat):

Name and role of principal contact for this  
application (property owner, agent authorized to  
act on behalf of property owner, or contract  
purchaser):

Mailing Address:

E-mail address

Telephone #

FAX #

**The undersigned hereby applies for and requests approval of a Plat under the provisions of § 70-204 through § 70-206 of the Herndon Town Code.**

***I hereby affirm and certify that:***

- *The information provided on this form is true and correct to the best of my knowledge.*
- *The requirements associated with this application have been read and are understood.*
- *The use of land noted above is proposed in conformance with all provisions of the Town of Herndon, Virginia Zoning Ordinance and Subdivision Ordinance regulations to the best of my knowledge.*

**Signature of Applicant (Property Owner, Contract Purchaser, or Authorized Agent)**

**Date**

**APPLICATION FOR APPROVAL OF A SUBDIVISION PLAT, PLAT OF VACATION,  
LOT LINE ADJUSTMENT, OR PLAT OF EASEMENT - continued**

---

**TO BE SUBMITTED WITH THIS APPLICATION** (Subdivision Ordinance § 70-201 and § 70-201.3)

- \_\_\_\_\_ Name and title of all Co-Applicants (Property Owner(s), Contract Purchasers, and Agents Authorized to Act on Behalf of the Property Owner) with respective mailing addresses, telephone numbers, fax numbers, and e-mail addresses;
- \_\_\_\_\_ A statement from the landowner(s) authorizing an agent to act on their behalf (if applicable);
- \_\_\_\_\_ A receipt or other documentation indicating that taxes have been paid on lands subject to the application (may be obtained when application is filed);
- \_\_\_\_\_ A draft Deed of Subdivision;
- \_\_\_\_\_ Certificate of title submitted in a format approved by the Zoning Administrator;
- \_\_\_\_\_ A title report documenting all easements and rights-of-way on the property;
- \_\_\_\_\_ Nine sets of plans or drawings prepared in accordance with the standards specified in the Zoning Ordinance;
- \_\_\_\_\_ Application Fee and Review Fees.

---

**For Office Use Only:**

Application Received by:	Case No.:
Tax Map Reference:	Status of Taxes: <input type="checkbox"/> Paid <input type="checkbox"/> Delinquent
Fees Paid:	Date:

---

---

***Signature and Authorization of Zoning Administrator***

---

***Date***

***Comments:***

---